

Name
in
Full

Harvey Braddix

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	July	19	0	5-	0
Sex	Color or Race	Birth-place			
Male	Black	Ma			
Occupation	Where Residing if not at place of death				
Waiter	South Lamer				
Married, Single Widowed	Name of Wife or Husband				
Widowed	Wife				
Father's Name	Father's Birthplace				
Abel Braddix	Ma				
Mother's Maiden Name	Mother's Birthplace				
Annie Jones	Ma				
Name of person giving information	How related to deceased				
Abel Braddix	Father				

CAUSES OF DEATH

92

Hour long

1 week

How long

PHYSICIAN
OR CORONER

Primary

Brucella-Tuberculosis

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Charles
Samuel M.D.

Accident or Suicide?

Issue Permit to

Fisher & Chair

Jame Ma

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town Scaggsville	County Howard	MARYLAND		
Date of death	1908	Month 1	Day 23	Age —	Months —	Days 8
Sex	Male	Color or Race	white	Birth- place	Scaggsville	
Occupation	Child	Where Residing if not at place of death			Scaggsville	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Roy Creswell				Father's Birthplace	Harford Co.
Mother's Maiden Name	Kelia Sullivan				Mother's Birthplace	Clarksville
Name of person giving Information	Roy Creswell				How related to deceased	Father

CAUSES OF DEATH

79

Primary

Paroxysmal

How long

8 day s.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

T. D. Basye
Laurel Md

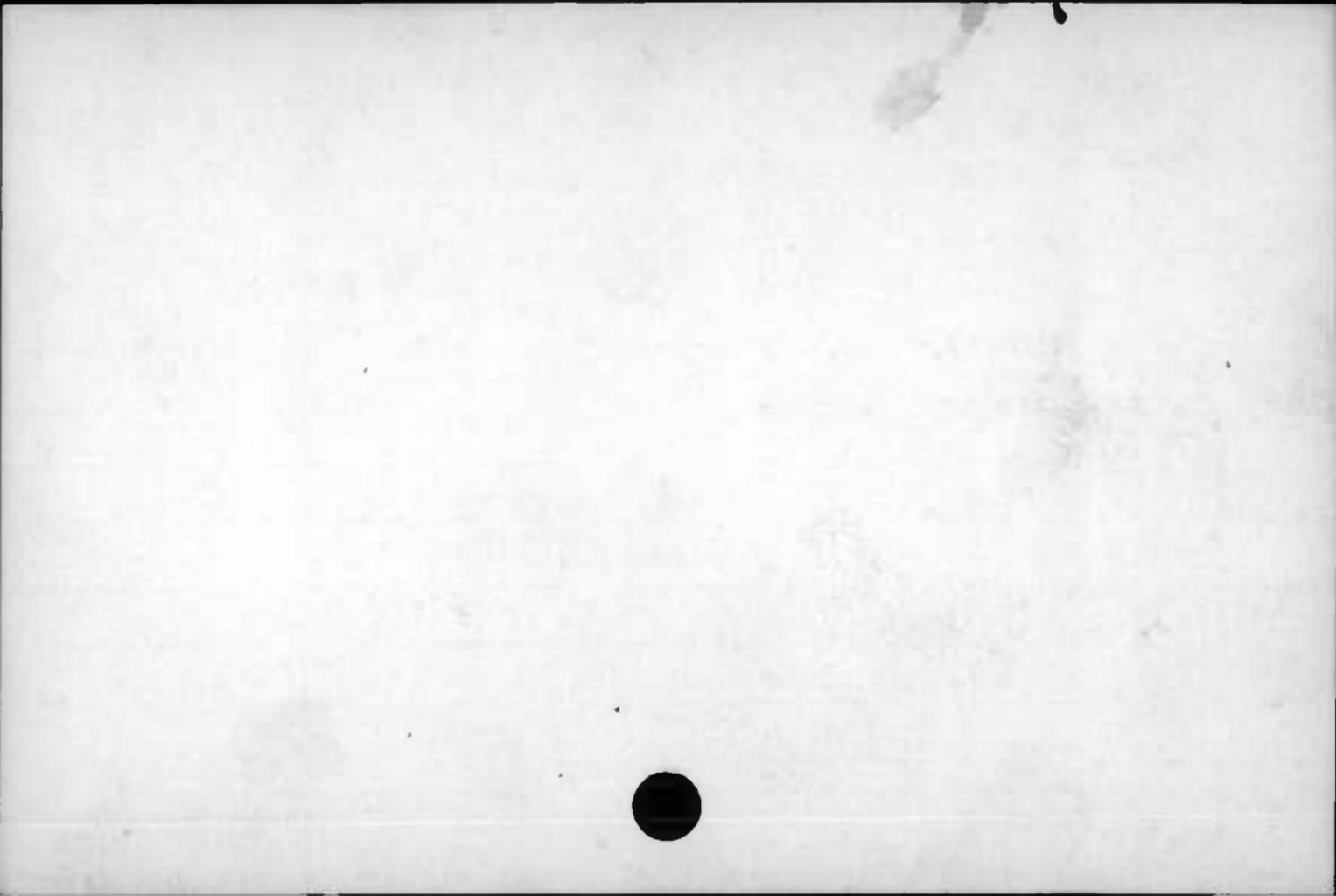
Accident or Suicide?

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH								
John A Denton				Maryland				
lived at	Town	County						
Date of death	Month	Day	Age	Years	Months	Days		
1908	Jan	19	63	63	63	63		
Sex	Color or Race	Male White						
Occupation	Real Estate Broker							
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death						
Married	Sallie & Kinsey							
Father's Name	James Denton	Father's Birthplace	Maryland					
Mother's Maiden Name	Rebecca Gray.	Mother's Birthplace	Maryland					
Name of person giving Information	Sallie & Denton	How related to deceased	Wife					
CAUSES OF DEATH								
Primary	Mitral Regurgitation							
Immediate	Cardiac Paralysis							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		79				
Yes		Address		How long ?				
Accident or Sudden				Dr. B. Gambrell				
				Ellicott City, Md				



Name
in
Full

St. Rita Rizzo

CERTIFICATE OF DEATH

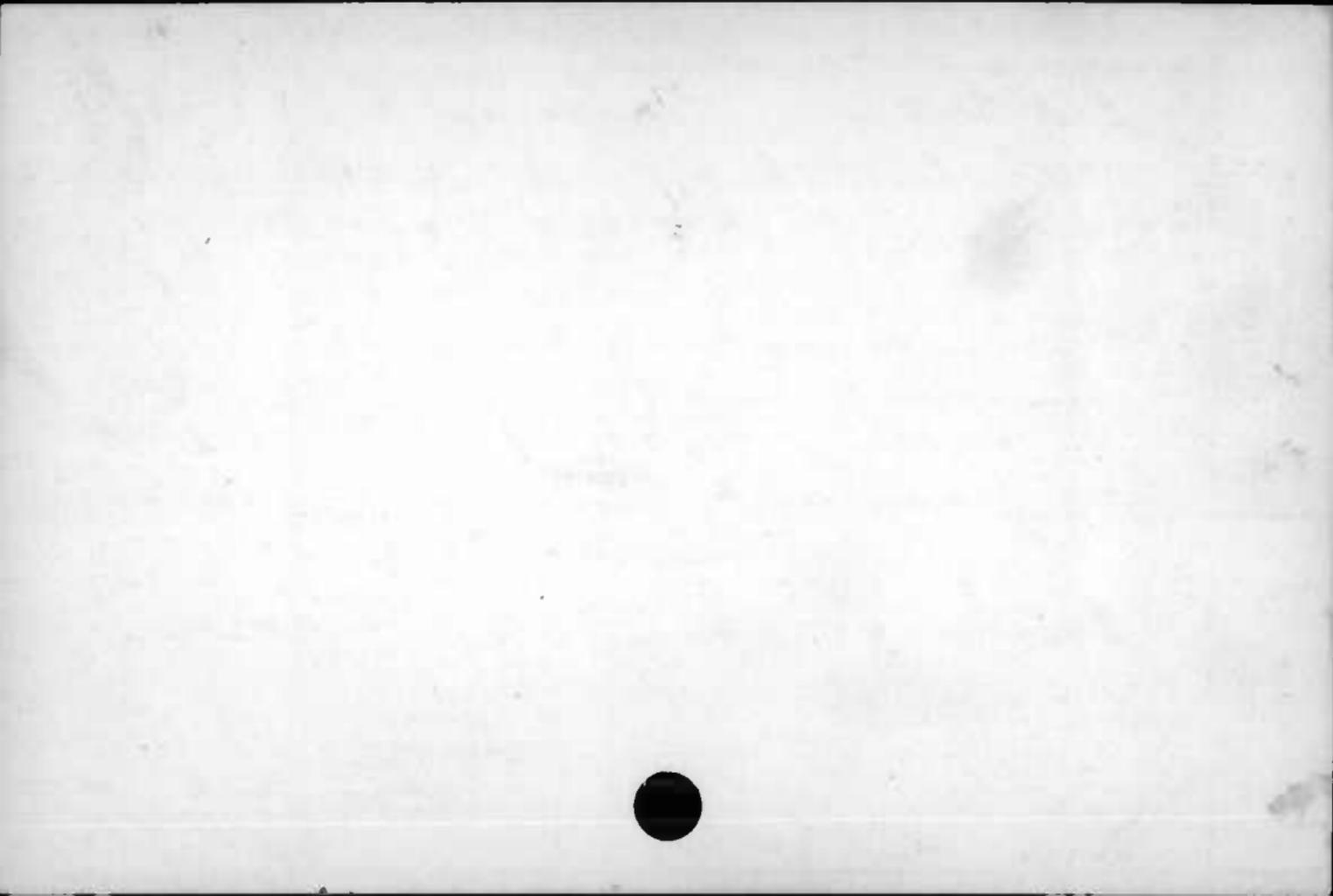
To BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poplarsville</i>		Town	County <i>Howard</i>	MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>11th</i>	Years <i>58</i>	Months <i>Jan</i>	Days <i>8th</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Monta-Dr.</i>			
Occupation	Where Residing if not at place of death <i>Humphrey Street</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Humphrey Street</i>		Father's Birthplace <i>Monta-Dr.</i>	Mother's Birthplace <i>Howard Co</i>	
Father's Name <i>St. Rita Rizzo</i>					
Mother's Maiden Name <i>Amelia Warfield</i>					
Name of person giving Information <i>Humphrey Street</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	10
Immediate <i>Pneumonia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. G. Skinner</i>
	Address <i>Unity</i>
Accident or Suicide? <i>Q</i>	

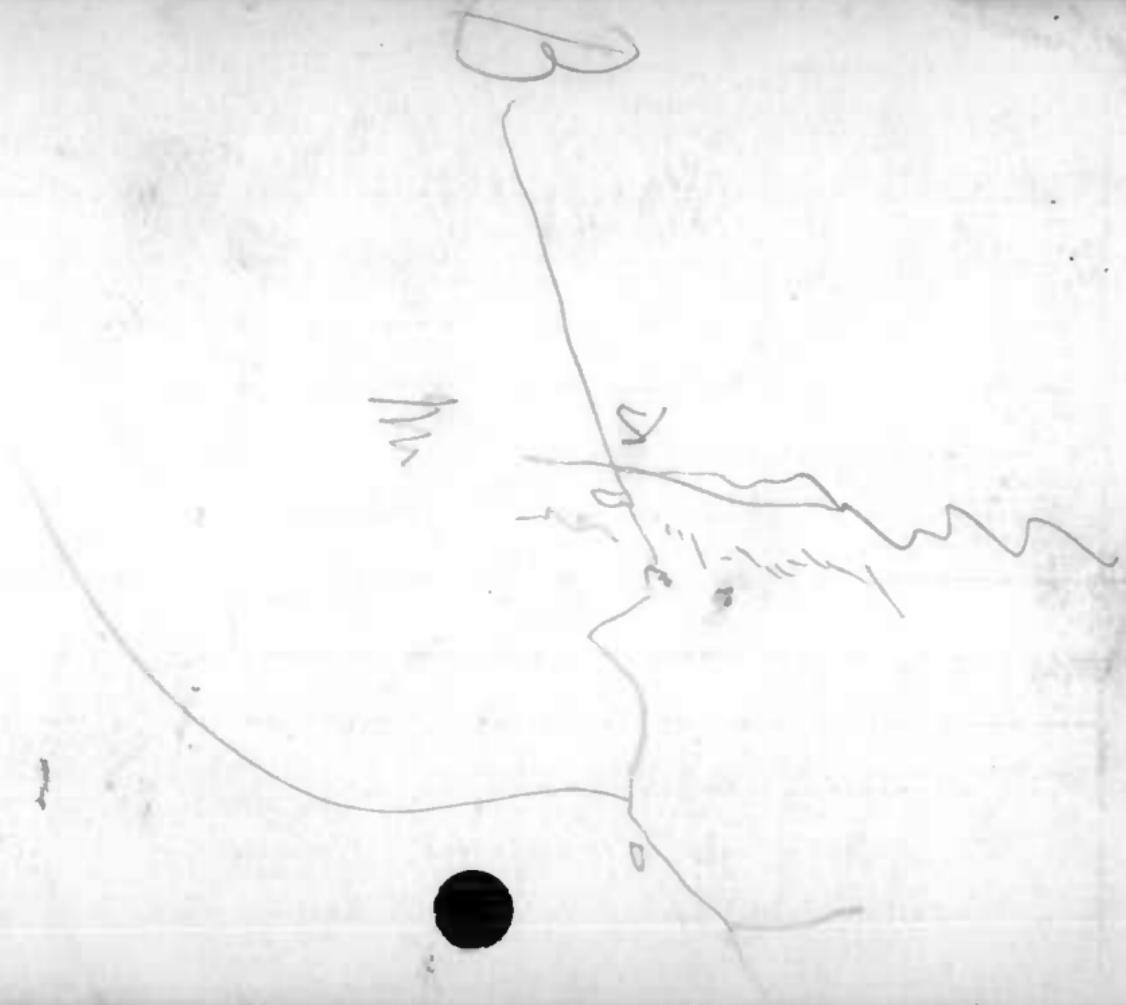


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
James Edward Fields			County		
Died at Elk Ridge		Town	Harford		MARYLAND
Date of death	Month	Day	Years	Months	Days
1908	1	16	7	15	
Sex	Male	Color or Race	Colored	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James A Fields		Father's Birthplace	Md	
Mother's Maiden Name	Helen V Hobbs		Mother's Birthplace	Md	
Name of person giving information	James A Fields		How related to deceased	Father	
CAUSES OF DEATH			93		
Primary	Pneumonia		How long	2 days	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Harrison Towne	
Yes			Address	Elk Ridge	
Accident or Suicide?			Md		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

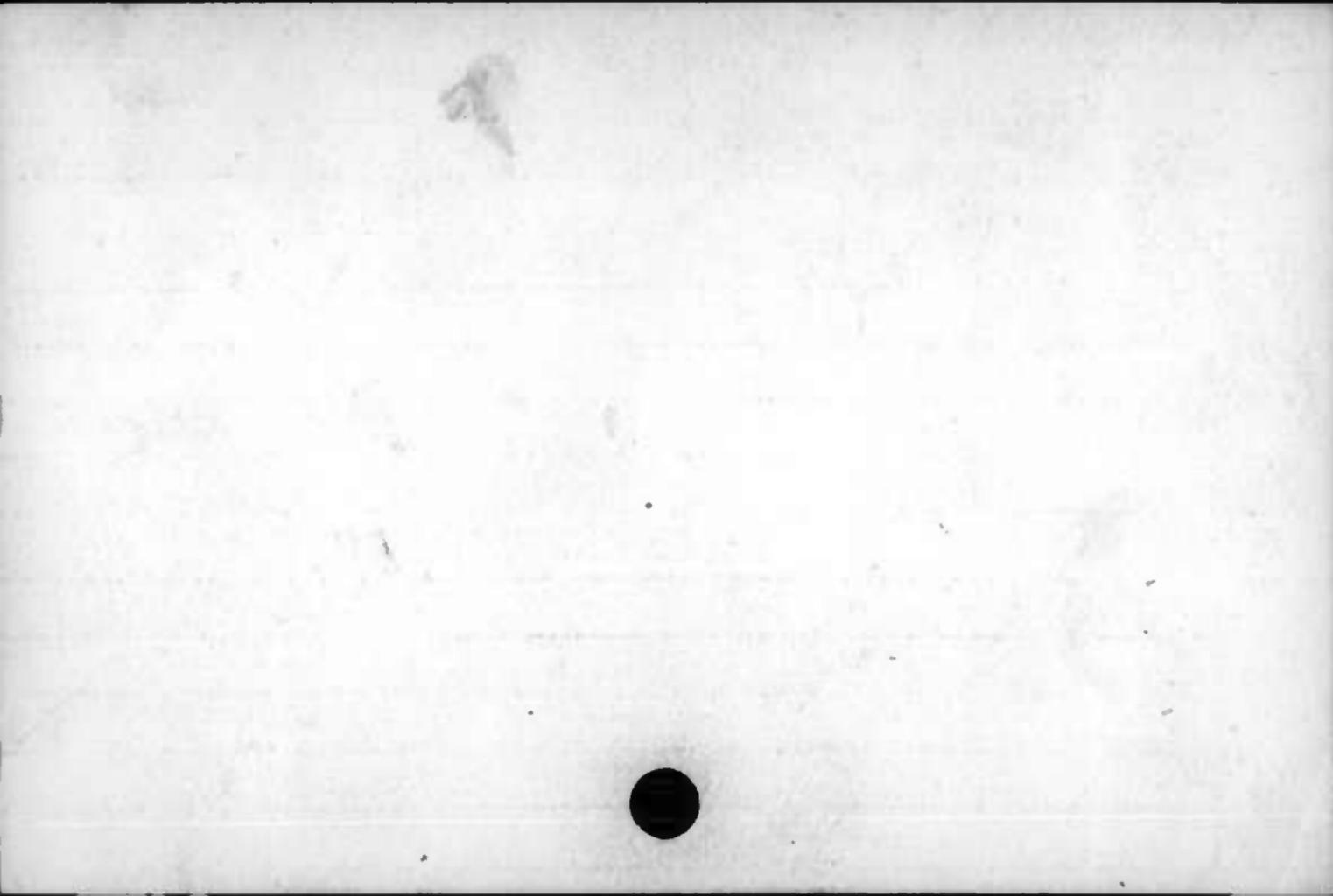
CERTIFICATE OF DEATH

Died at <u>Savage</u>		Town <u>Savage</u> County <u>Howard</u>		MARYLAND			
Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>6th</u>	Age <u>83</u>	Years <u>83</u>	Months <u>3</u>	Days <u>14</u>	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Md</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Savage</u>						
Married, Single or Widowed <u>Singl.</u>	Name of Wife or Husband						
Father's Name <u>Wm Fisher</u>				Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Maria Davis</u>				Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>Ella Warfield</u>				How related to deceased <u>niece</u>			

CAUSES OF DEATH

154

Primary <u>Infirmity of age</u>	How long <u>1 year</u>
Immediate <u>Heart Failure</u>	Progressive <u>progressive</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Williamson M.D.</u>
Accident or Suicide? <u>nothing</u>	Address <u>Savage Md</u>



Name
in
Full

Louisa J. Stohr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

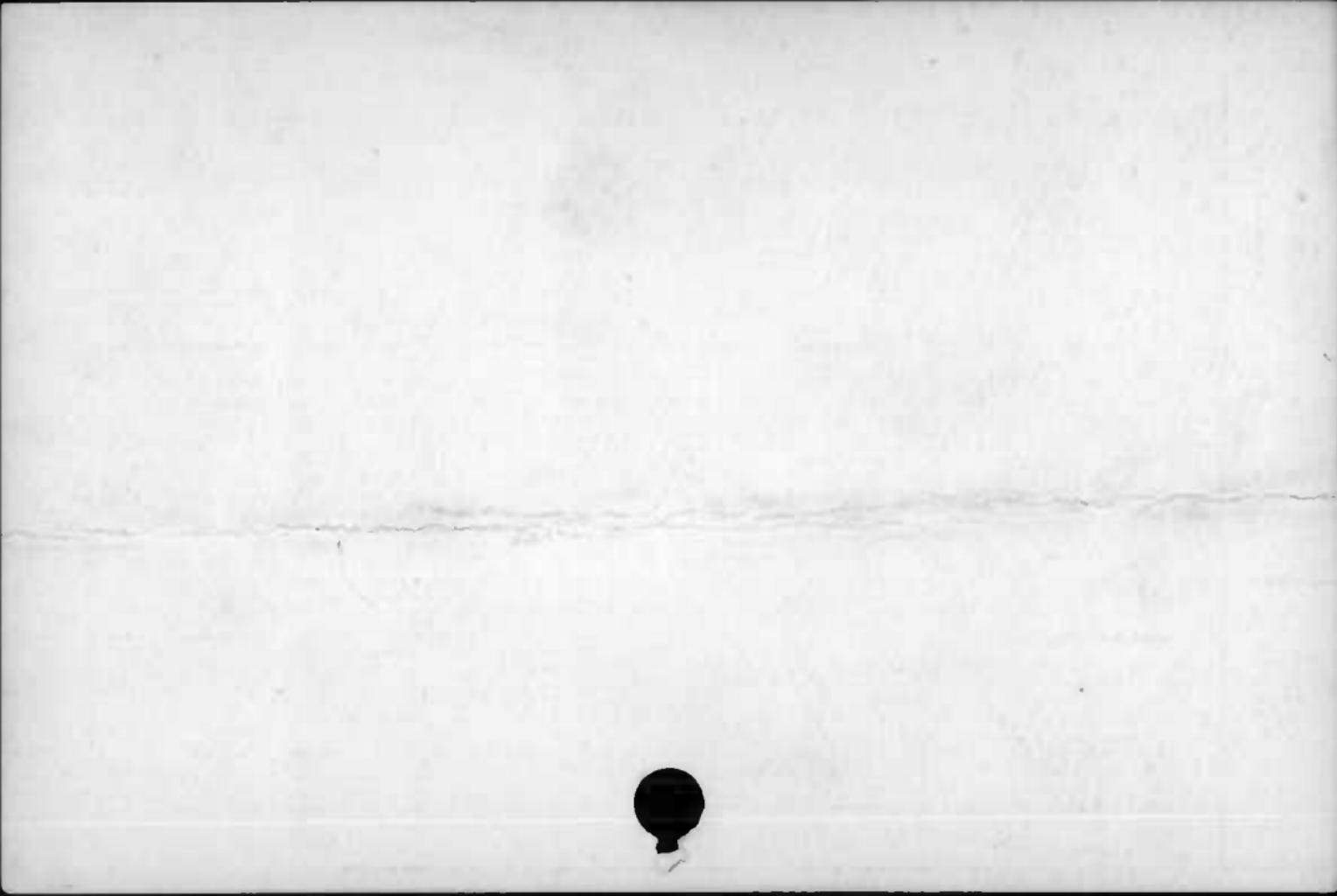
NEAREST FRIEND

Died at	Alpha	Town	Howard	County	MARYLAND	
Date of death 190	8 Jan.	Month	19	Years	3	Days
Sex	Female	Color or Race	White	Birth-place	Balts Co	
Occupation	Housewife	Where Residing if not at place of death				Alpha of death
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. J. Stohr	Father's Birthplace	Penn.	
Father's Name	Joseph M. Reynolds	Mother's Maiden Name	Julia E. Alexander	Mother's Birthplace	Penn.	
Name of person giving information	Geo. J. Stohr.	How related to deceased	Husband.			

CAUSES OF DEATH

93

Primary	Pneumonia	
Immediate	Effects of same	
Are the name, age, sex, color, date and place correctly given above?		
Yes		
PHYSICIAN OR CORONER	Signature of Physician	C. W. Hiffner
	Address	Sykesville Md.
Accident or Suicide?		
No		



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mrs. Sarah Fluehart

CERTIFICATE OF DEATH

Died <u>near Poplar Springs</u>		Town	<u>Howard</u>		County	MARYLAND			
Date of death	1904	Month Jan	Day	15	Years	77	Months	—	Days
Sex	<u>Female</u>	Color or Race	<u>White</u>		Birth-place	<u>Ohio</u>			

Occupation	Where Residing if not at place of death	
<u>Housewife</u>	<u>at Home</u>	

Married, Single or Widowed	Name of Wife or Husband
<u>widow</u>	<u>A. J. Fluehart</u>

Father's Name	Unknown	Father's Birthplace	Unknown
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Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
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Name of person giving information	<u>Richard A. Fluehart</u>	How related to deceased	son
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Slipped on ice

CAUSES OF DEATH

164

How long

Primary	<u>Frostbitten & Circumference</u>
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How long

Immediate	<u>Pneumonia</u>
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405 days

Are the name, age, sex, color, date and place correctly given above?

Yes

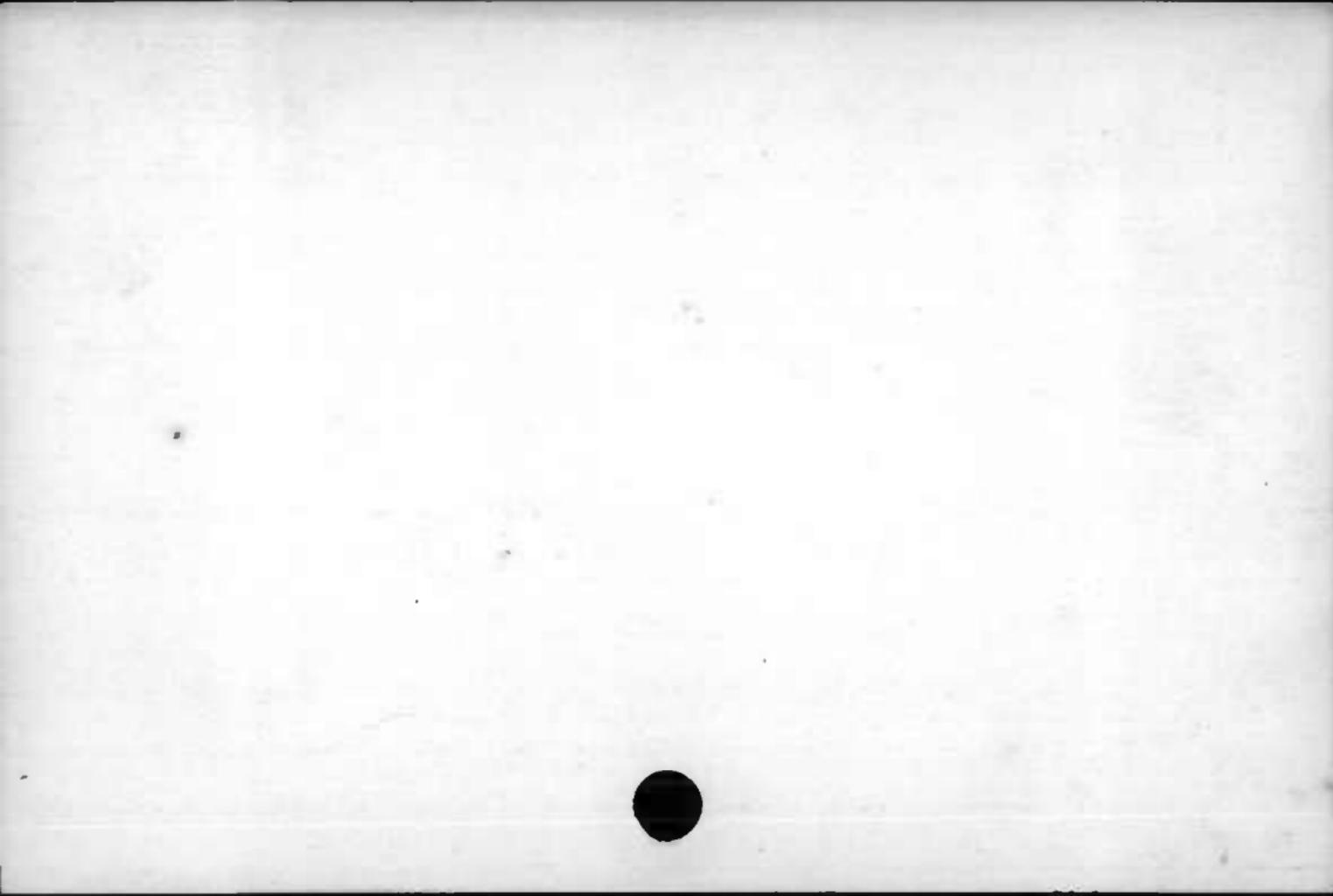
Signature of Physician

Address

R. W. Waufer,
Chestertown,
Maryland

Accident or Suicide?

Accident



Name
in
Full

Marion E Fryfogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Alberton Town Howard County
Date of death 1908 Month January Day 26 Age 70 5' Years 3 Months 15 Days
Sex Female Color or Race white Birth-place Maryland
Occupation House Wife Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband William H. Fryfogle
Father's Name Richard Turner Father's Birthplace Maryland
Mother's Maiden Name Mary E. Edelen Mother's Birthplace Maryland
Name of person giving information William H Fryfogle How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

La Grippe

Immediate

Pneumonia, Cardiac Asthma

Are the name, age, sex, color, date and place correctly given above?

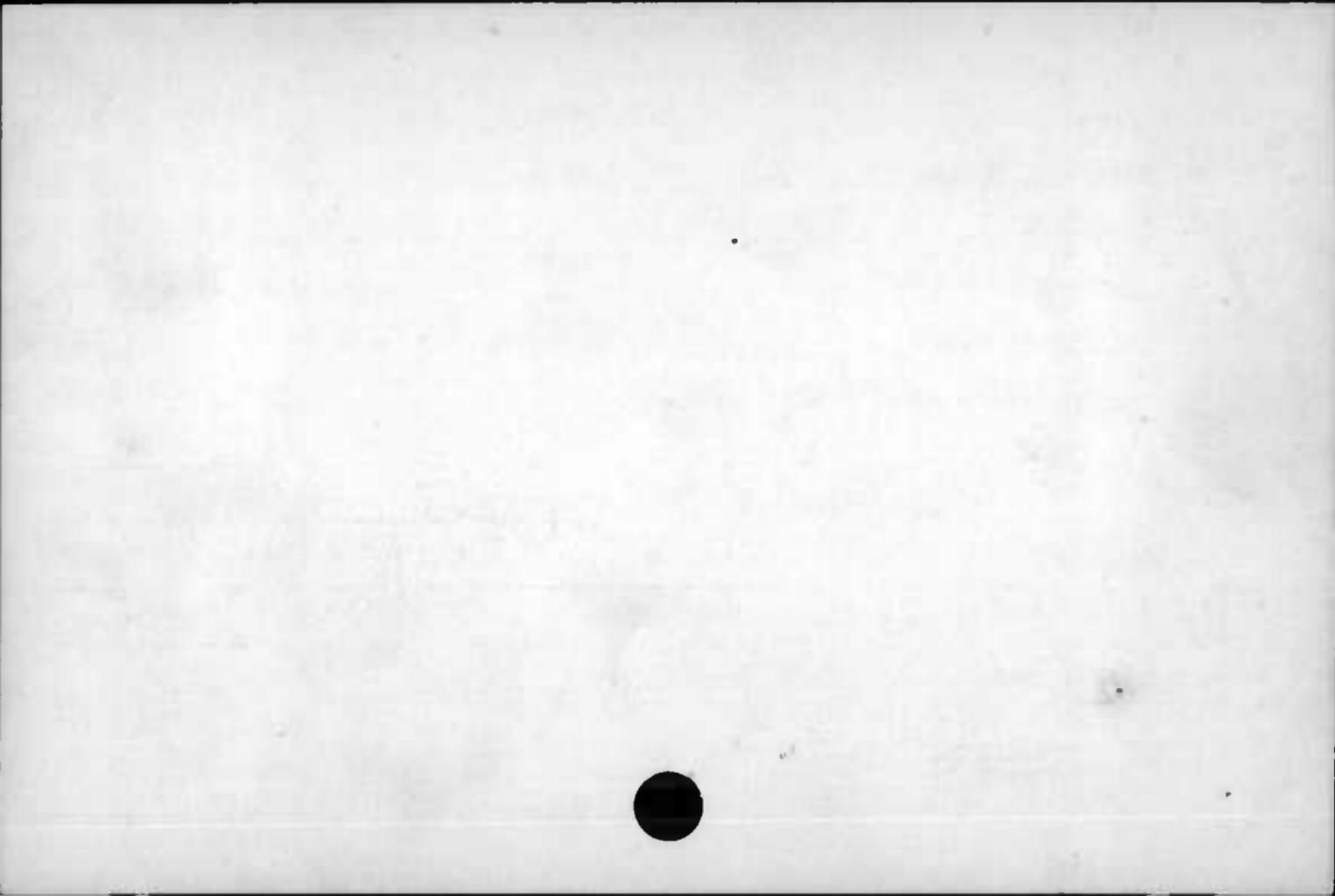
Signature of Physician

Address

Frank L. Ongeller M.D.
Ellicott City Md

Accident or Suicide?

Tw



Name
in
Full

Felix Gromley

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Jan	Day 7	Years 37	Months 0	Days 0
Sex	Male	Color or Race	White		Birth-place Longford Ireland	
Occupation	Weigh master		Where Residing if not at place of death		1544 45th with St Belts	
Married, Single or Widowed	Married	Name of Wife or Husband	Katherine b. Gromley		Father's Birthplace Longford Ireland	
Father's Name	James Gromley				Mother's Birthplace Los levens "	
Mother's Maiden Name	Mary Hart.				How related to deceased Wife	
Name of person giving Information	Katherine b Gromley					

CAUSES OF DEATH

10

Primary Influenza
Immediate Bronco-Pneumonia

How long Some weeks
10 day

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

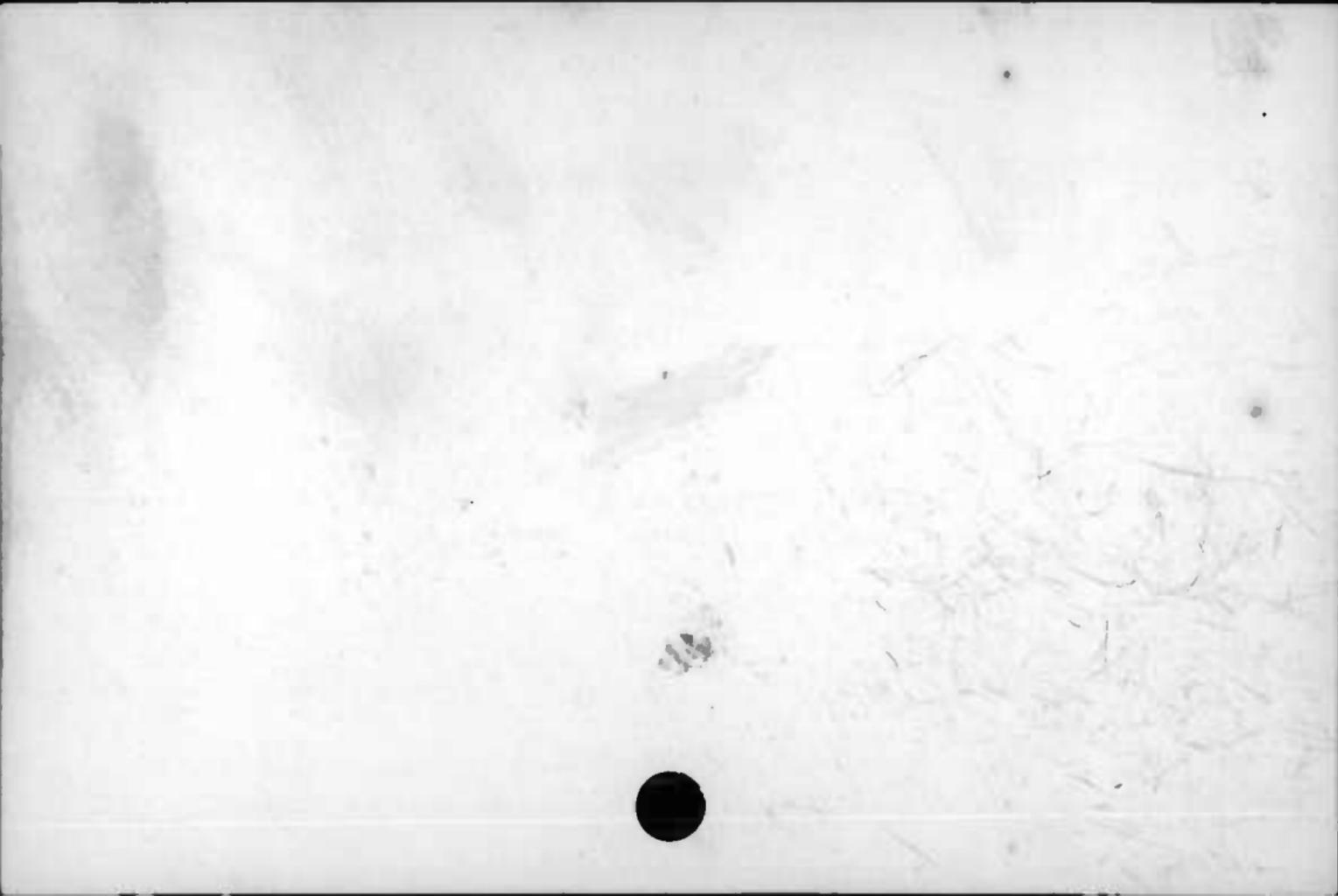
Yes

Signature of Physician

Address

B. J. Byrne
Ellicott City Md

Accident or Suicide?



Name
in
Full

Sarah Sayers Hartzler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Alberton	Howard			
Date of death	1908 Jan 20	Day	Age	Years	Months
Sex	Female	Color or Race	white	8	3 Days
Occupation	Housewife		Where Residing if not at place of death	Newark	
Married, Single or Widowed	Married	Name of Husband	Jacob Hartzler		
Father's Name	Wm Sayers		Father's Birthplace	New Jersey	
Mother's Maiden Name	Lydia	Bailey	Mother's Birthplace	Loganville, Pa.	
Name of person giving information	Jacob Hartzler		How related	Husband	
CAUSES OF DEATH			79		

PHYSICIAN
OR CORONER

Primary Dementia
Immediate Cardiac Paralysis How long 15 minutes
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Wm B Gambrill
Address Ellicott City, Md
Accident or Suicide? 



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Marie Edith Hobbs

CERTIFICATE OF DEATH

Died at
Lisbon.

Town

County

Howard.

MARYLAND

Date
of death 1908 Jan.

Month

Day
4.

Years

Months

Days

1/2

Sex Female.

Color or
Race

White.

Birth-
place

Above.

Occupation

none.

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Albert W. Hobbs.

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Mc Donnald.

Mother's
Birthplace

Md

Name of person giving
Information

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Patent foramen ovale.

150

How long

Congenital

Immediate

Asthma

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

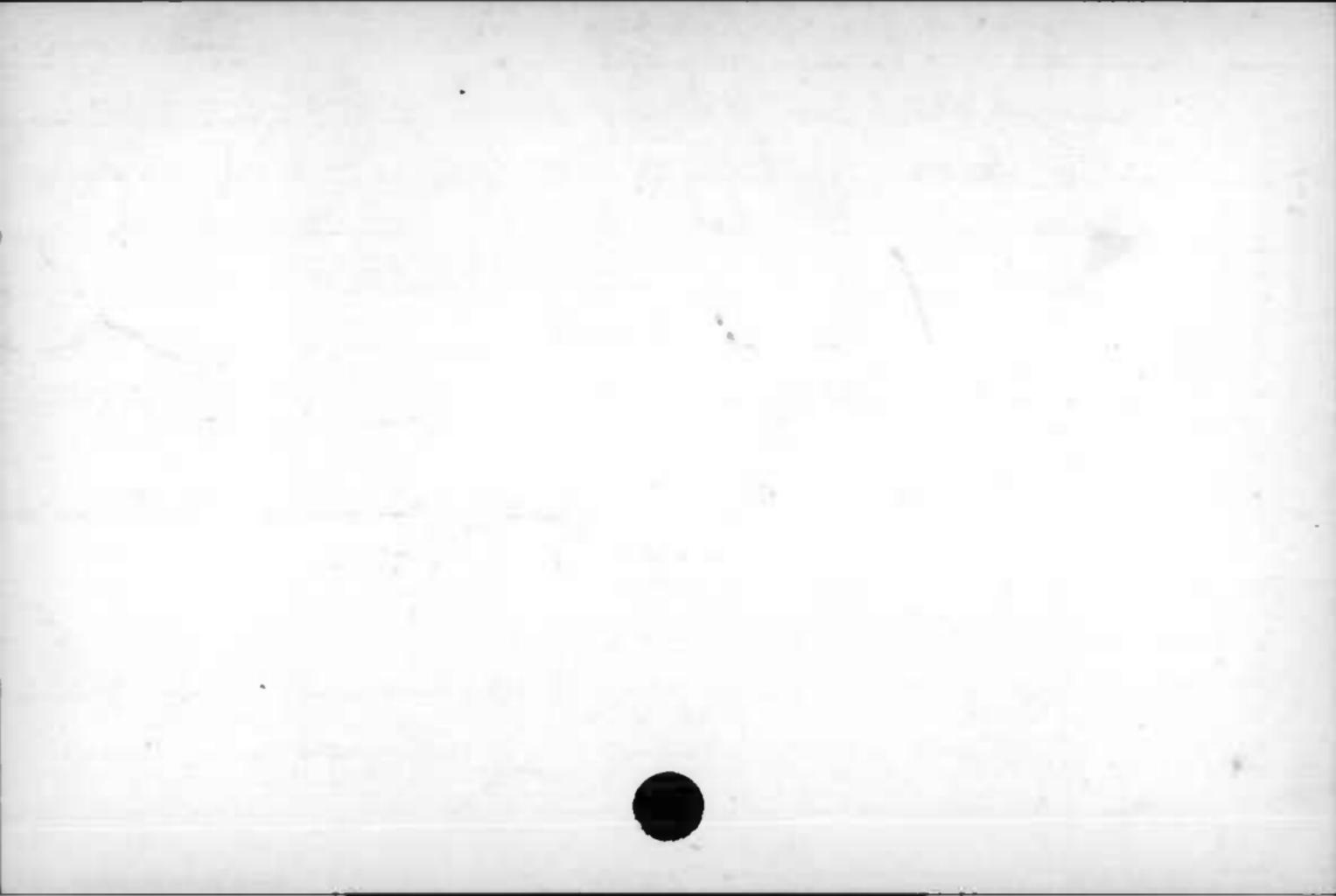
Signature of
Physician

Address

J. W. Saenger.

Lisbon Md.

Accident or Suicide?



Name
in
Full

Carrie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

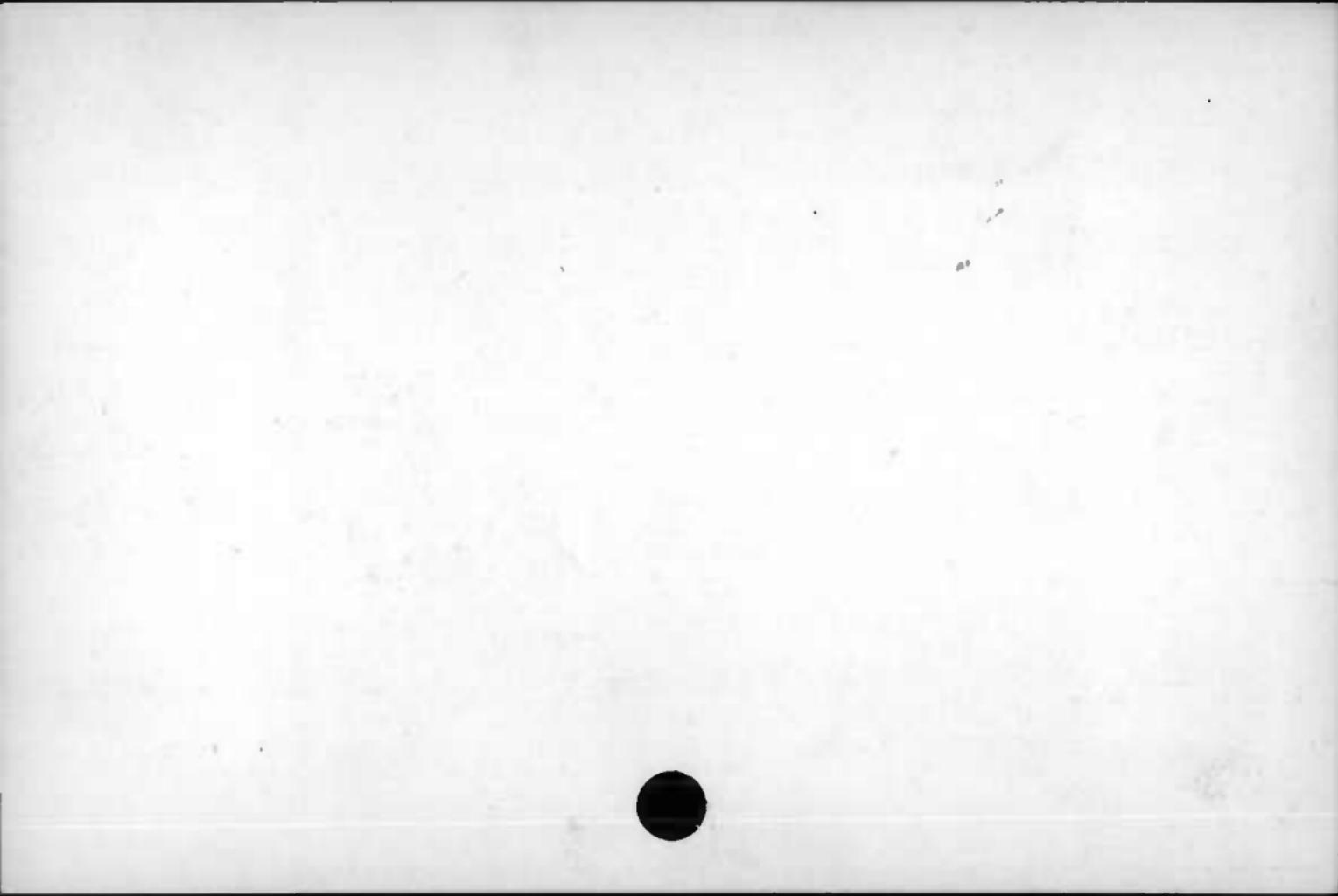
Died at		Town	County		MARYLAND	
Date of death	1908	Month Jan	Day 4	Years no	Months 9	Days no
Sex	Female	Color or Race	colored		Birth- place	maryland
Occupation	nonr	Where Residing if not at place of death			barolls manor	
Married, Single or Widowed	single	Name of Wife or Husband	nonr		Father's Birthplace	maryland
Father's Name	Patrick Jones				Mother's Birthplace	maryland
Mother's Maiden Name	Elizabeth Gross				How related to deceased	Daughter
Name of person giving Information	Wm. Jones					

CAUSES OF DEATH

6

PHYSICIAN
OR CORONER

Primary	Measles	How long	3 dys
Immediate	Bryphenyrraxia	How long	13 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.C. Shore
		Address	Galicott City
Accident or Suicide?			



George Peter Long

CERTIFICATE OF DEATH

Died <u>near Linton</u>		Town <u>Howard</u>		County <u>Howard</u>		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1908	Jan	18th	70	70	2	17	
Sex	Male	Color or Race	white		Birthplace	Rockville, Md	
Occupation	Farmer		Where Residing if not at place of death		at home		
Married, Single or Widowed	Widower	Name of Wife or Husband	Alice Duddar Long		Father's Birthplace		
Father's Name	Daniel Long		John Long		Pa		
Mother's Maiden Name	Coralia Spurrier		John Long		Mother's Birthplace		
Name of person giving information	John Long		John Long		How related to deceased		

CAUSES OF DEATH

93

How long

4 weeks

How long

Sunday

Primary

Pneumonia

Immediate

Heart Failure

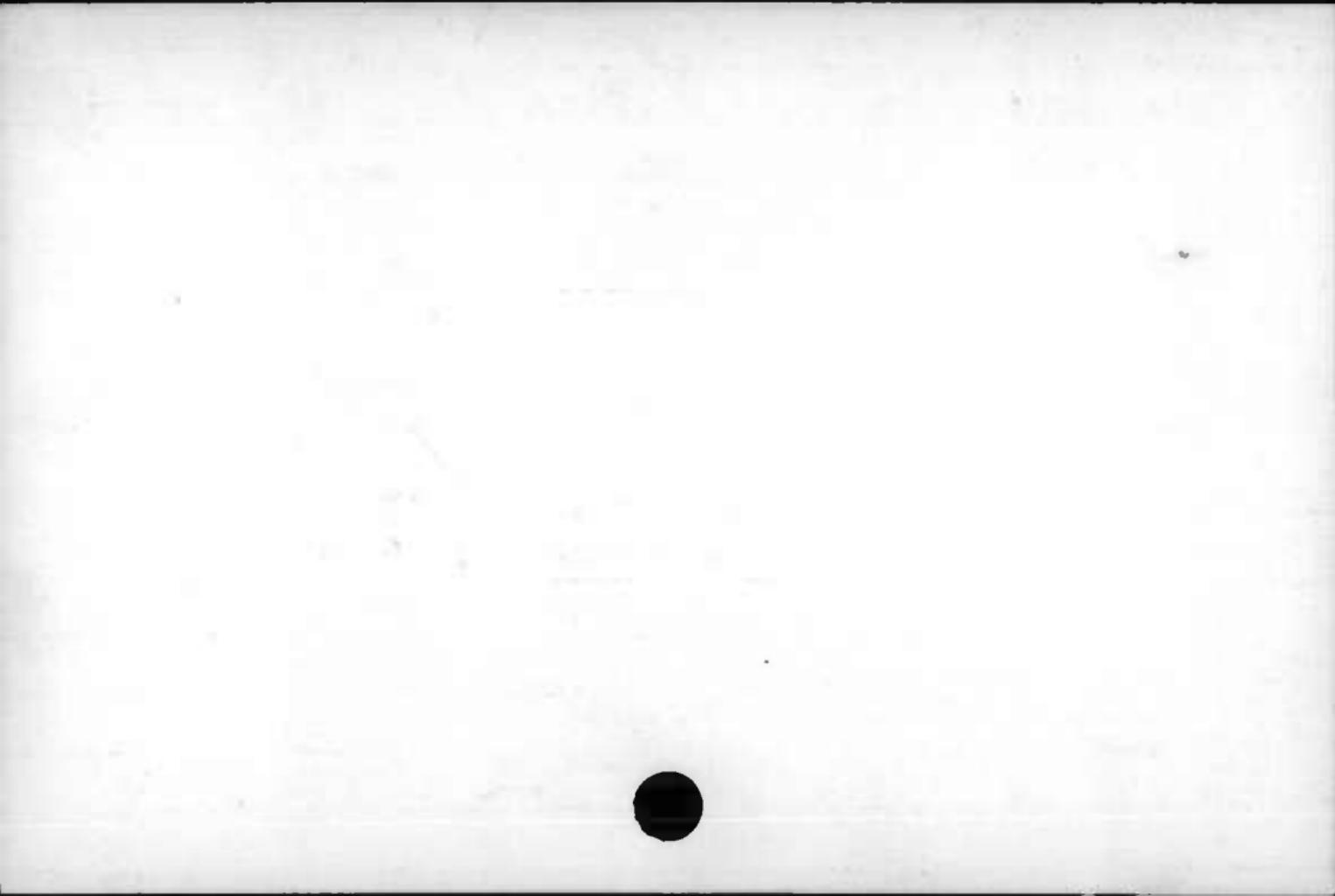
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. O. W. Waugh's
Linton's
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Matilda Matthews

✓

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Died at	Eek Ridge	Howard				
Date of death	1908	Month	Day	Years	Months	Days
		Jan'y	15	Age 65	0	0
Sex	Female	Color or Race	Colored	Birth-place	Md.	
Occupation	Nurse	Where Residing if not at place of death			Eek Ridge, Md	
Married, S- or W-		Name or Name of Husband	Plummer Matthews			
Father's Name	Charles Butter				Father's Birthplace	Virginia
Mother's Maiden Name	Lethia				Mother's Birthplace	Maryland
Name of person giving information	Mary Thomas				How related	Grand daughter

CAUSES OF DEATH

45

Primary	Fibro Sarcoma of orbit	How long	10 months
Immediate	Brain involvement	How long	1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

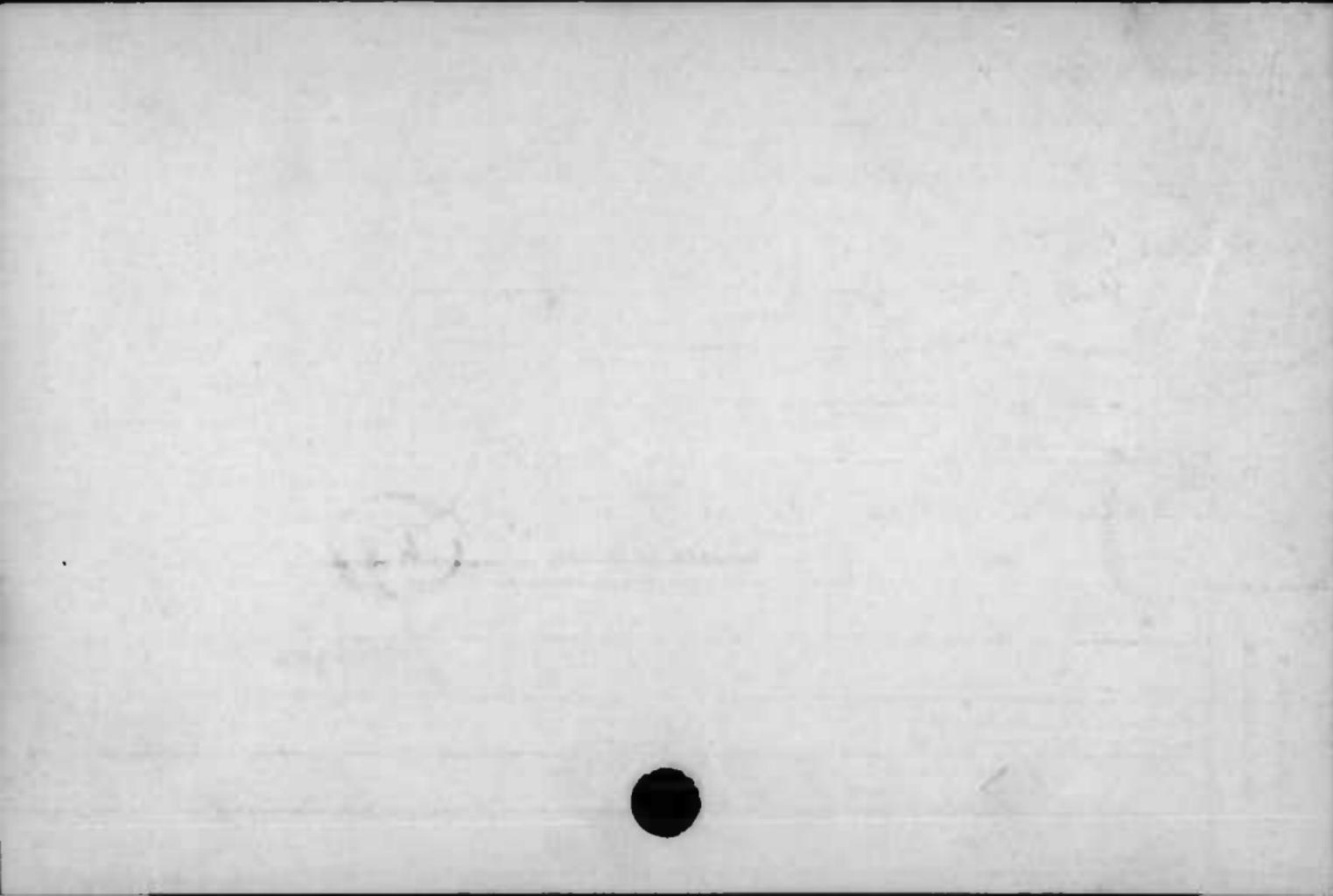
Signature of Physician

M.R. Erickson

Address

Eek Ridge Md

Accident or Suicide?



Name
in
Full

Kate C. Mercer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

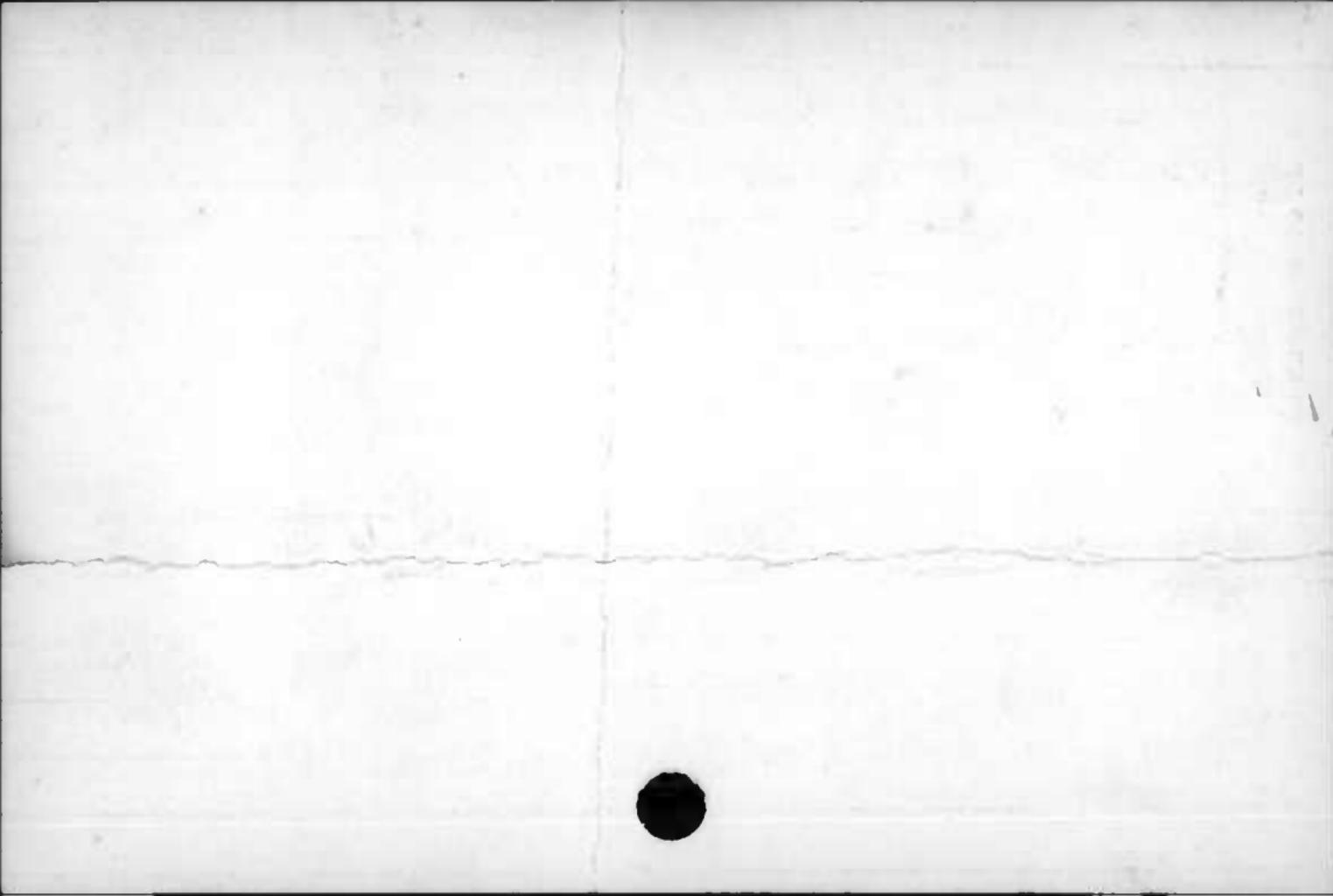
Died at		Town	County		MARYLAND	
Near Hoovers Mills.		Howard				
Date of death	1908	Month Jan.	Day 29.	Age 47.	Years	Months Days
Sex	Female.	Color or Race	white	Birth-place	Baltimore	
Occupation	Housewife.			Where Residing If not at place of death	above	
Married, Single or Widowed	Married.	Name of Wife or Husband	Walter Mercer	Father's Name	W. A. Cooper	
Father's Name	W. A. Cooper			Mother's Birthplace	Mid.	
Mother's Maiden Name	Maria Brown			Father's Birthplace	Mid.	
Name of person giving information	Walter Mercer			Mother's Birthplace	Mid.	
How related to deceased	Husband			How long	Three days	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Chronic lung tuberculosis of right. Formed a no of years, How long	
Immediate	Weak heart of failure.	How long latter & days
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		Address
Accident or Suicide?	J.W. Lacy Lisbon Mass	



Name
in
Full

Mrs Catherine Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Gulf ford.

County

Howard

MARYLAND

Date
of death

Month

Day

Years

1908

1

29

72

Months

6

Days

23

Age

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Gulf ford

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Mr. C. Myers

Father's
Birthplace

Germany

Father's
Name

Lehris bernard

Mother's
Birthplace

Germany

Mother's
Maiden Name

Eastern Michigan

How related
to deceased

Son

Name of person giving
Information

George Myers

66

How long

How long

5 days
prosper

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis of Brain

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

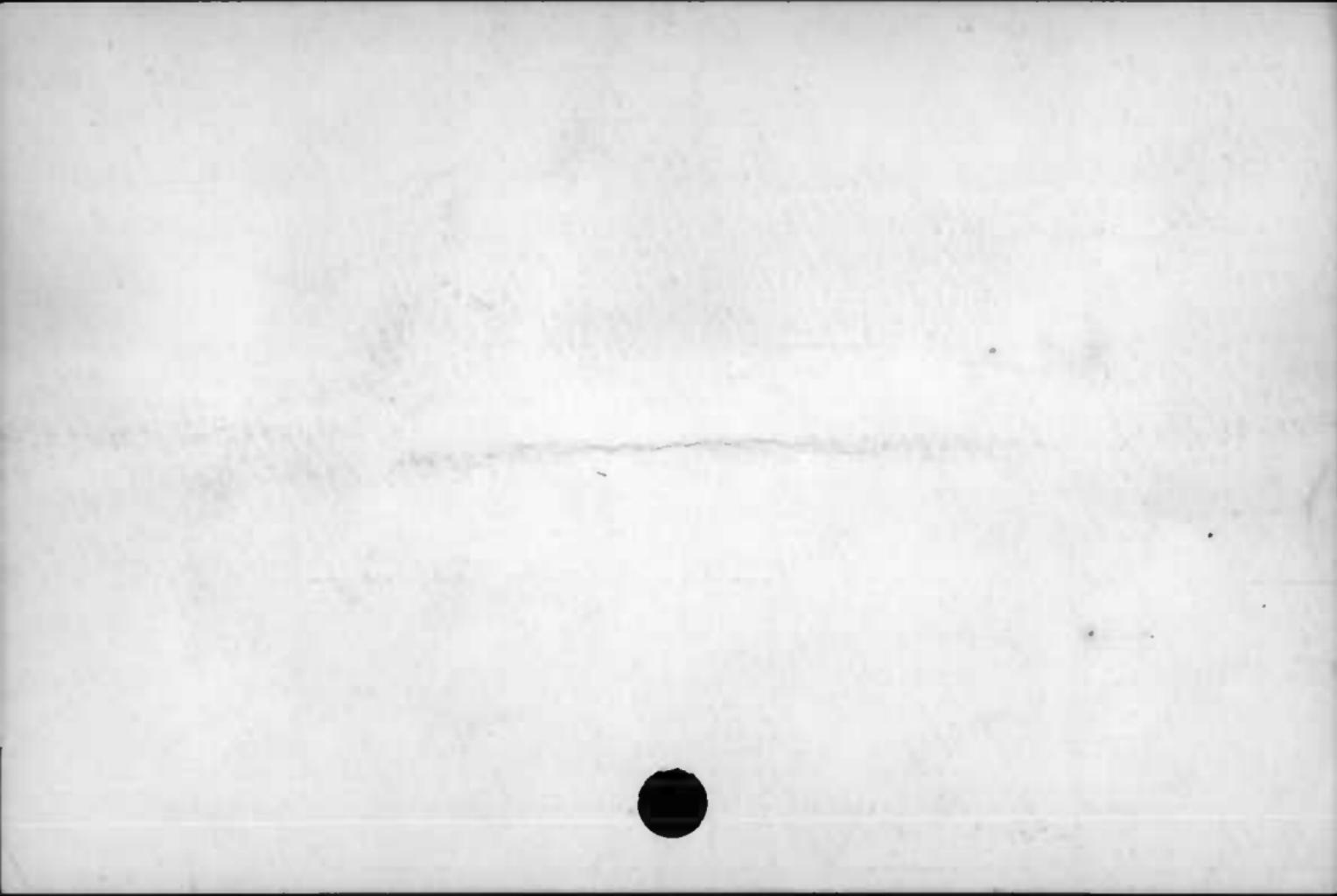
Address

Dr. L. L. Lissimann M.D.

Accident or Suicide?

Murder

Savage M.D.



Name
in
Full

Margaret Neubauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
near Dorsey's		Howard				
Date of death	1908	Month Jan	Day 23	Years 1	Months 3	Days 3
Sex	female	Color or Race	white	Birth-place	Maryland	
Occupation	none	Where Residing if not at place of death			at place of death	
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	Michael Neubauer			Father's Birthplace	Germany	
Mother's Maiden Name	Marie Zahn			Mother's Birthplace	Germany	
Name of person giving information	Michael Neubauer			How related to deceased	Father	

CAUSES OF DEATH

45°

PHYSICIAN
OR CORONER

Primary

Cancer of kidney & Liver

Immediate

some

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

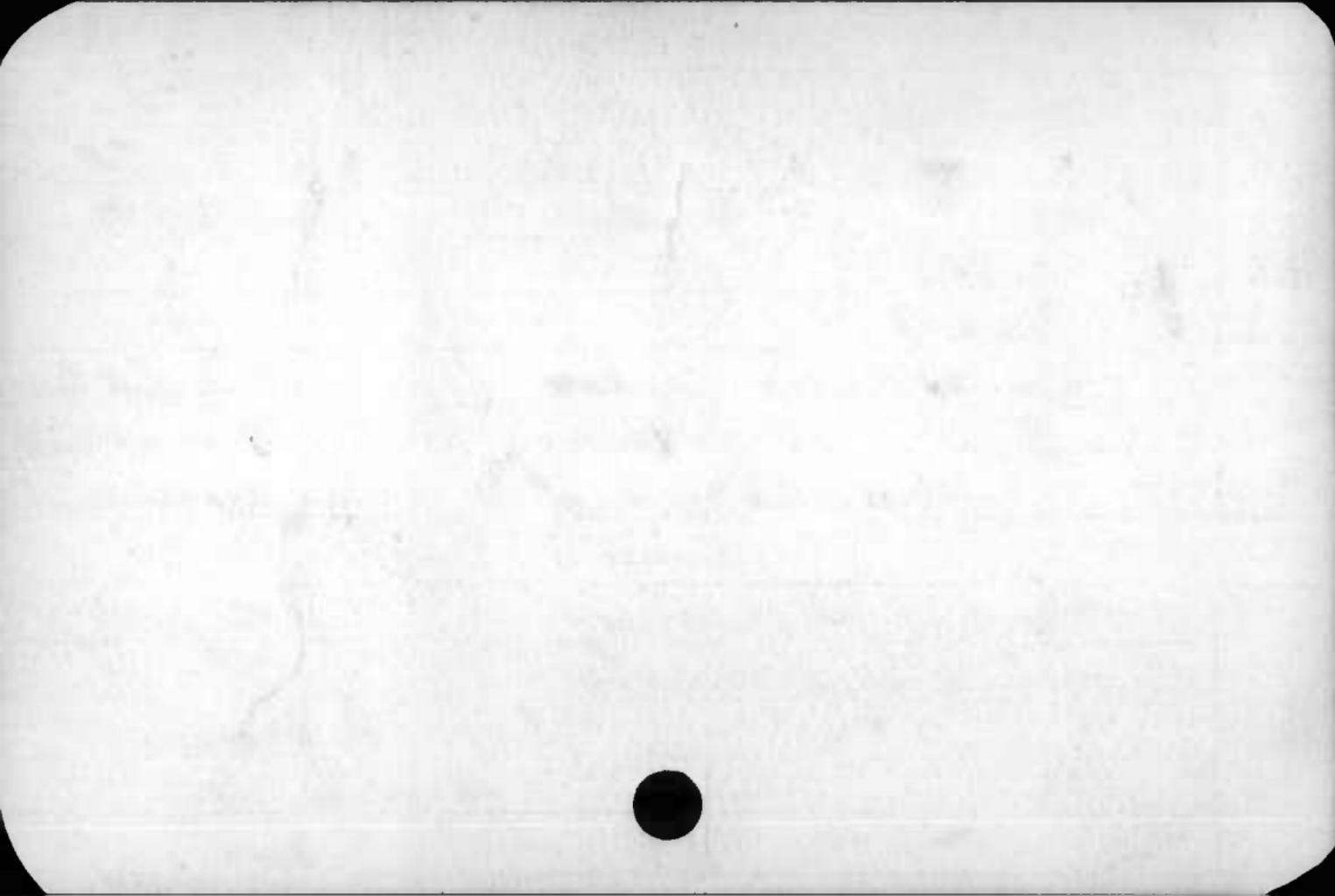
Arthur Williams
Elk Ridge Ind

Accident or Suicide?

no

Zygote

Infant - Reynolds				CERTIFICATE OF DEATH		
Died at Elliott City Md		County Howard		MARYLAND		
Date of death 1908	Month Jan	Day 31	Years	Months	Days	
Sex Male	Color or Race		Birth-place Elliott City			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace			
Father's Name Richard Reynolds	Mother's Birthplace			Md		
Mother's Maiden Name Sarah Baldwin	How related to deceased			Md		
Name of person giving Information	Sarah Baldwin (S)			Mother		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Still born - likely dead 2 weeks before birth			How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	
				Address		B. J. Rymer Elliott City
Accident or Suicide?						



Name
in
Full

James M. Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hoods Mill</u> Town		County <u>Howard</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>January</u>	Day <u>14</u>	Age <u>87</u>	Months <u>11</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Frederick Co,</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>_____</u>				
Father's Name <u>(Name not known)</u>	Father's Birthplace <u>Frederick Co, Md</u>				
Mother's Maiden Name <u>Margaret M. Swomley</u>	Mother's Birthplace <u>Frederick Co, Md</u>				
Name of person giving Information <u>Margaret Rice</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Grippe and Pneumonia

How long

8 days

Immediate Failure of Respiration

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

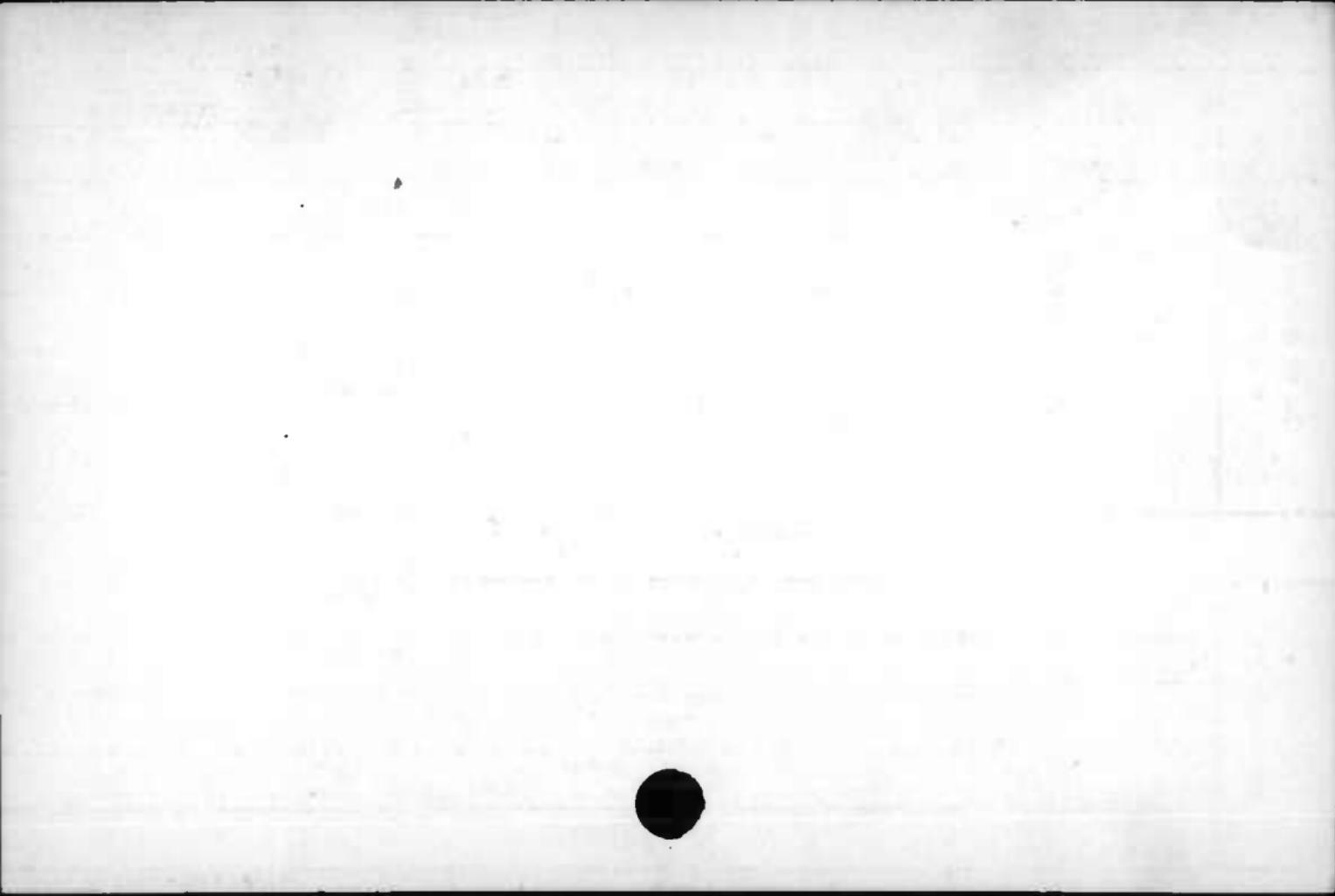
Signature of Physician

Donald B. Sprecher

Address

Sykesville
Md

Accident or Suicide?



Name
In
Full

John G Rudeacille

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Jan	16	Age	3	
Sex	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death			Shierton	
Married, Single or Widowed	Name of Wife or Husband	None	None		
Father's Name	Granville G Rudeacille			Harm le Va	
Mother's Maiden Name	Hellie B Whittington			Mother's Birthplace	
Name of person giving information	Granville G Rudeacille			How related to deceased	

CAUSES OF DEATH

88

How long

3 weeks

How long

3 Weeks

PHYSICIAN
OR CORONER

Primary

Congenital Exostosis of 1st Rib

Immediate

Palsy of Glottis

Are the name, age, sex, color, date and place correctly given above?

yes

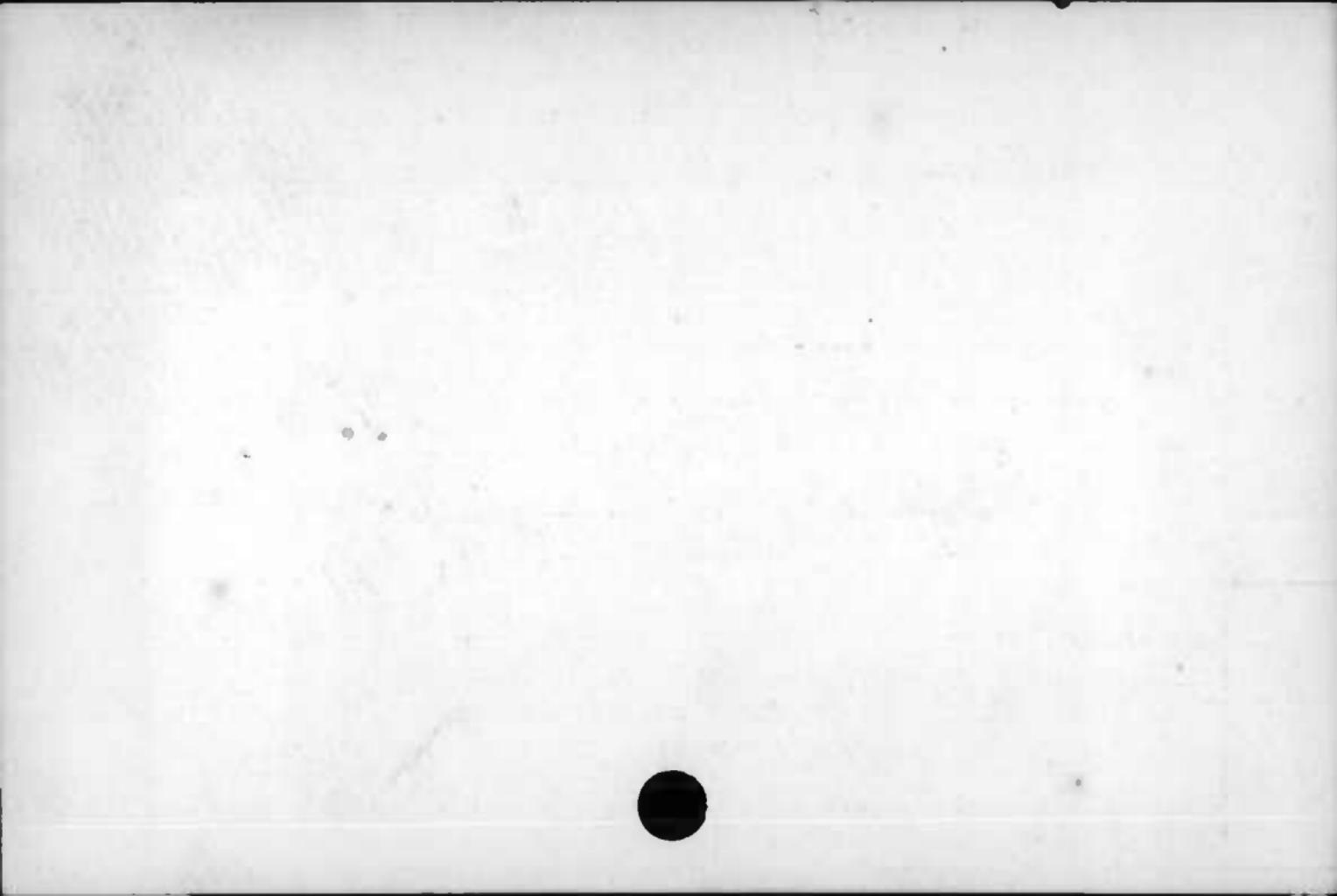
Signature of
Physician

Wm B Gambrill

Address

Ellicott City, Md.

Accident or Suicide?



Name
in
Full

Ellen Scott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

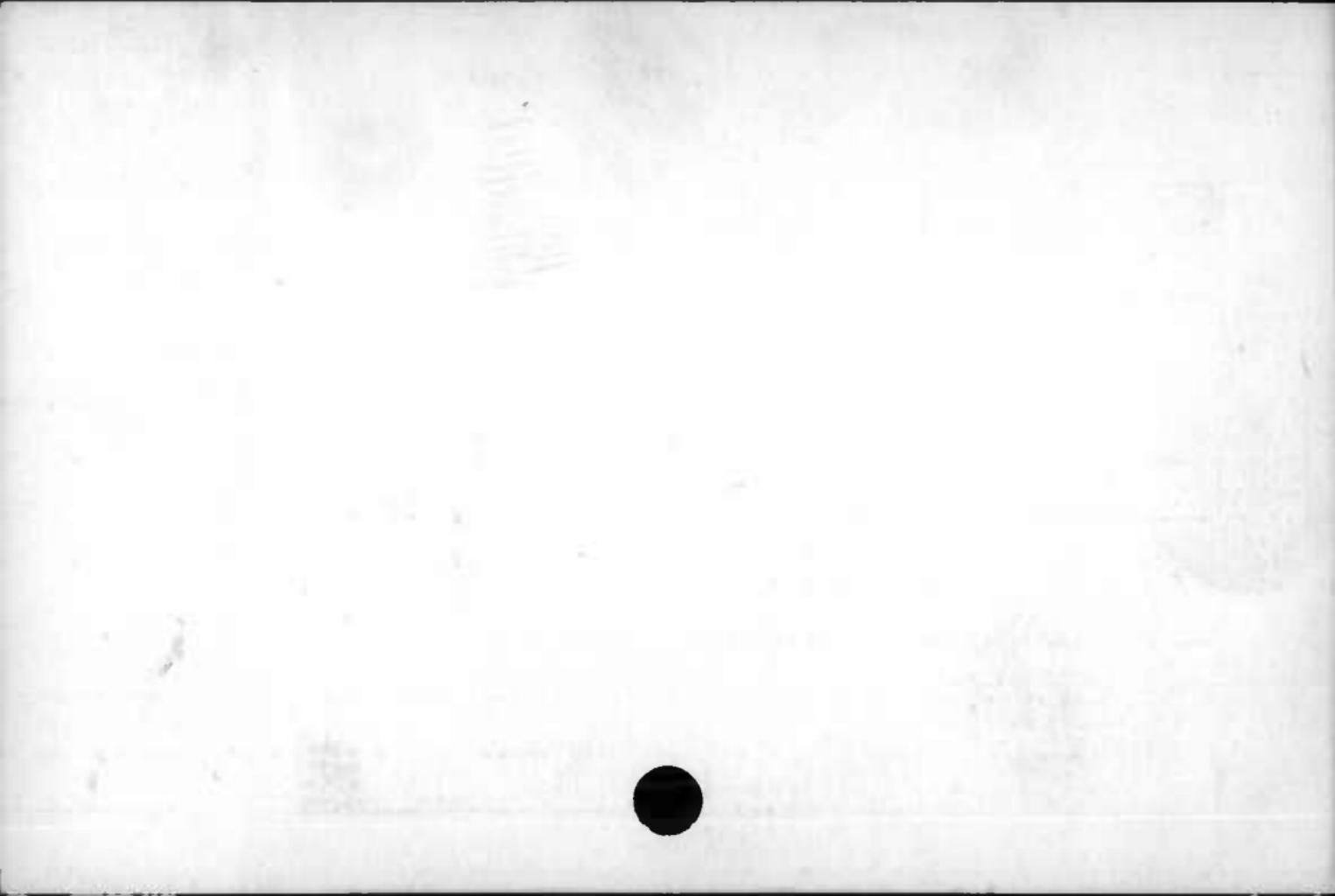
Town Died at	County	MARYLAND	
Date of death 1908	Month Jany	Day 19 th	Years Age 79
Sex Female	Color or Race White	Months	Days
Occupation House Duties	Where Residing if not at place of death Maryland	Birth- place	
Married, Single or Widowed Widow	Name of Wife or Husband Ephriam Scott	Father's Birthplace Maryland	
Father's Name Thomas Davis	Mother's Birthplace Maryland	Mother's Birthplace Maryland	
Mother's Maiden Name Amy Davis	How related to deceased Daughter		
Name of person giving Information Ida Scott			

CAUSES OF DEATH

10

Primary La Grippet Bronchite	How long 1 week
Immediate Pulmonary Bedema + Asthema	How long 36 hr
Are the name, age, sex, color, date, and place correctly given above? Yes	Signature of Physician Frank Miller MD
	Address Ellicott City Md
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

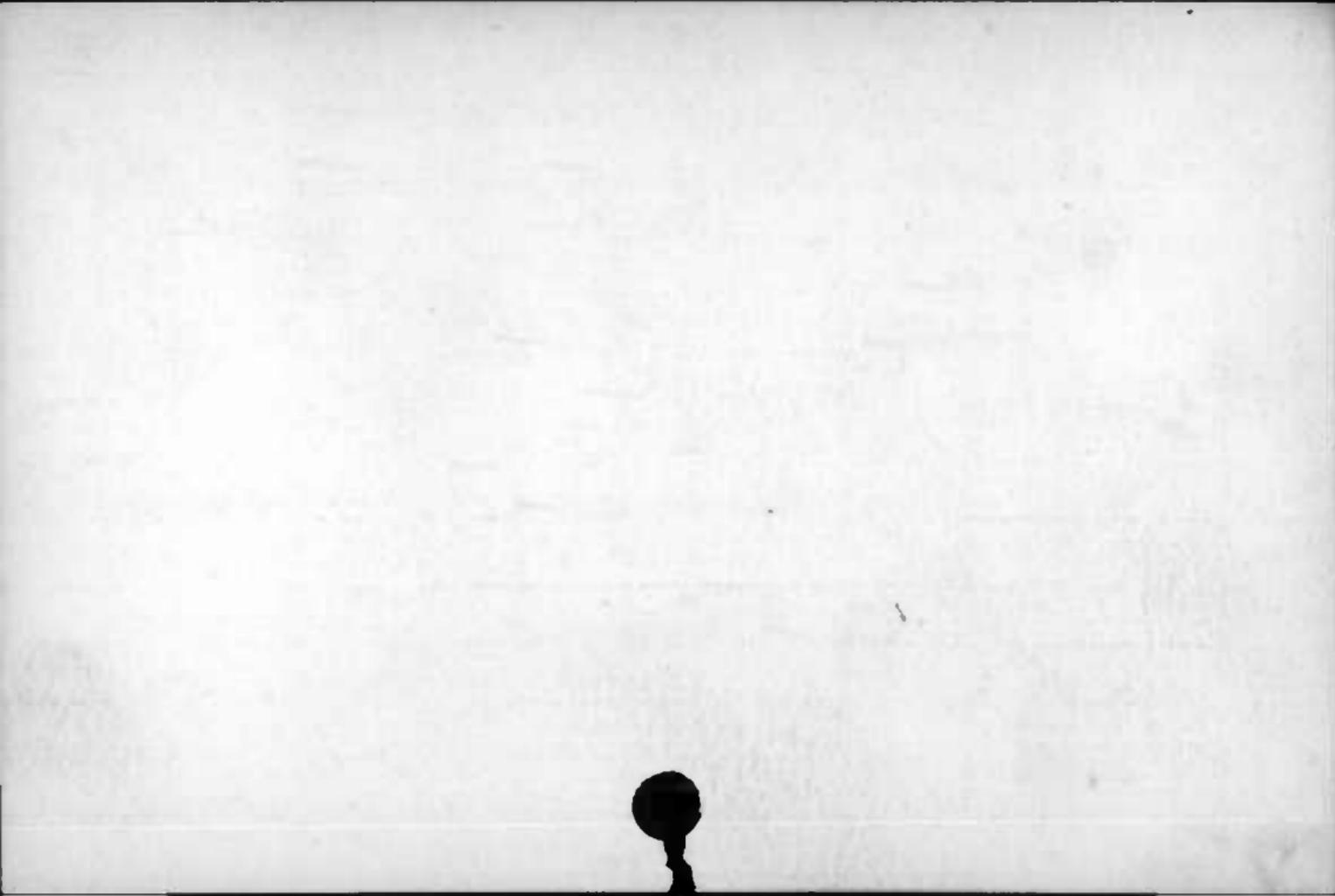
Name in Full		James Smith		Town		County		MARYLAND		
Died at		Eelcott City		Howard						
Date of death		Month	Day	Years		Age		Months	Days	
1908		Jan.	27	82				-	-	
Sex		Male		Color or Race		White		Birth- place		
Occupation		Farmer				Where Residing if not at place of death		Maryland		
Married, Single or Widowed		Married		Name of Wife or Husband		Elizabeth A. Smith		Father's Birthplace		
Father's Name		Philip Smith						Maryland		
Mother's Maiden Name		Mariae Dean						Mother's Birthplace		
Name of person giving Information		Anna G. Hanson						How related to deceased		
								Daughter		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	Diabetes High + Glaucoma		tissue	How long
Immediate	Hypostatic Pneumonia		2 days	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W.C. Stone
Chemicalization made him clumsy and he fell on the dining room floor.			Address	Eelcott City Md
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<u>Arlyn Marfield</u>				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace				
Father's Name	Mother's Birthplace					
Mother's Maiden Name	How related to deceased					
Name of person giving information	151					
CAUSES OF DEATH						

Primary Premature Delivery

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. A. Richards

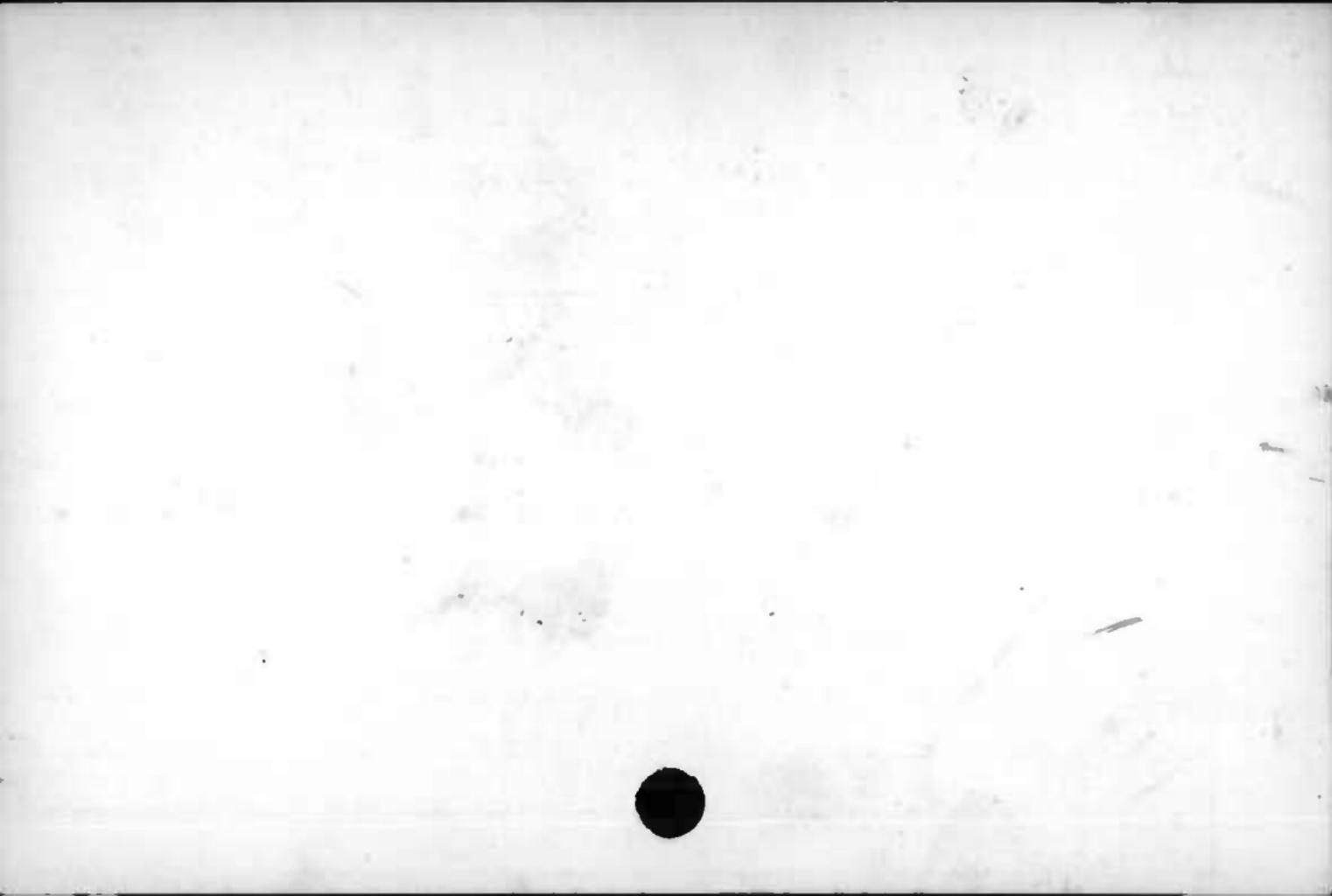
Address Dayton Md

How long

How long

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Annie Elizabeth Yeager

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

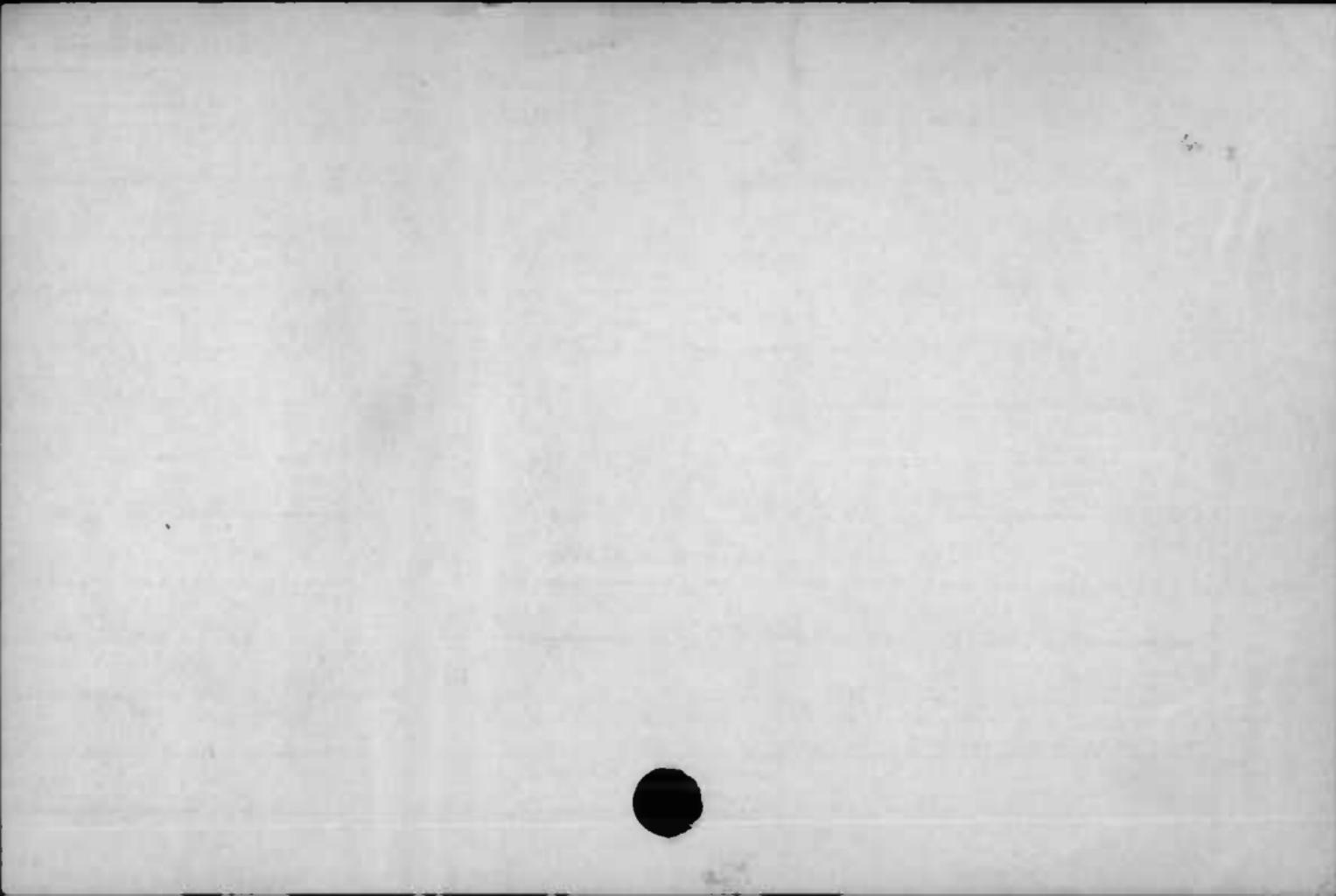
Died at		Town	County		MARYLAND		
Died at	Eek Ridge	Howard					
Date of death	1908	Month	Day	Years	Months	Days	
	January		16	Age 68	0	0	
Sex	Female	Color or Race	White	Birth-place			
Occupation	Housewife		Where Residing if not at place of death	Eek Ridge, Md			
Married, Single or Widowed	Name of wife or Husband		William J. Yeager				
Father's Name	Unknown		Father's Birthplace	Germany			
Mother's Maiden Name	Unknown		Mother's Birthplace	Germany			
Name of person giving Information	George Yeager		How related to deceased	Son			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arterio Sclerosis (Senile)		How long	Several years
Immediate	Cerebral hemorrhage		How long	2 wks.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Mr. R. Eareckson	
		Address	Eek Ridge, Md	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Emma E Young

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			Ellicott City	
Married, Single or Widowed	Name of Wife or Husband	none	Maryland		
Father's Name	Clarence Young			Maryland	
Mother's Maiden Name	Emma Parker			Maryland	
Name of person giving Information	Clarence Young			Father	

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary

Meningitis

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr John F. Benger
1002 Edmundson ave

Accident or Suicide?

